



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

INSURANCE LICENSEE CHANGE OF ADDRESS AND/OR NAME FORM (Resident or Nonresident)

This form should only be used for an individual's change of residence and/or business entity change of address. This form should not be used for an individual that is moving to another State, a change of a Federal ID No. (for Business Entities) or a legal name change. *If this form is being used for a legal name change, the licensee is required to submit supporting documentation to the Rhode Island Insurance Division.* It should be noted that you are required to notify the Insurance Division of name and/or address changes within thirty (30) days of the change. For licensing information, please visit our website at www.dbr.state.ri.us for instructions.

NEW RESIDENT ADDRESS INFORMATION AND/OR NAME CHANGE

TYPE OF LICENSE (Producer, Adjuster, Appraiser or Surplus Line Broker): _____

DATE SUBMITTED: _____

RI LICENSE NO. _____

FULL NAME (Print): _____

LEGAL NAME CHANGE: _____

(supporting documentation must be attached)

STREET NAME: _____

CITY, STATE, ZIP: _____

RESIDENT TEL. NO: _____

NEW BUSINESS ADDRESS INFORMATION, IF APPLICABLE

BUSINESS ADDRESS: _____

BUSINESS STREET NAME: _____

CITY, STATE, ZIP: _____

BUS. TEL. NO.: _____

DATE OF CHANGE: _____

MAILING ADDRESS SHOULD BE (Please check):

Resident Address _____ **or** Business Address _____

NOTE: The duplicate license fee is \$25.00 (if requested); and must be submitted to the Division in writing.
Checks are to be made payable to: General Treasurer, State of Rhode Island.